



Iowa WIC Program
Grocery Vendor Application

October 1, 2015 – September 30, 2018

Iowa Department of Public Health
Bureau of Nutrition & Health Promotion
321 East 12th Street
Des Moines, Iowa 50319-0075

515.281.6650

Please return the completed original application, price survey, and vendor site survey by mail to the Iowa WIC Program.

Return by: _____

Incomplete applications will be denied.
Retain a copy for store records.



Promoting and Protecting the Health of Iowans

APPLICATION RECEIVED BY IOWA WIC OFFICE

Date received: _____

Received by: _____

-----FOR STATE WIC PROGRAM USE ONLY-----

Reviewed by: _____ Date: _____

S/A APPROVED: YES _____ NO _____ COMPUTER ENTRY: _____

COMMENTS:

-----FOR USE DURING ON-SITE REVIEW-----

Reviewed by: _____ Date: _____

S/A APPROVED: YES _____ NO _____ COMPUTER ENTRY: _____

COMMENTS:

Grocery Vendor Application

Directions

Please complete the entire application. Send your completed application to the Iowa Department of Public Health at the address listed on the cover of this application packet.

It is recommended that you make a copy of this application prior to mailing it because it will not be returned.

Business information

Name of store:		
Contact person:		
Contact position:		
Street address:		
Suite #:		PO Box:
City, State:		
Zip code:		Plus 4:
County:		
Store telephone number:		FAX#:
Contact person e-mail address:		
State tax identification number:		
Federal Employer Identification Number (EIN):		
Bank name:		
Bank telephone number:		

Business integrity

1. Have you or any of the officers or owners of this business had a conviction or civil judgment related to business integrity (for example, fraud, theft) entered against them in the last six years?	Yes	No
2. Has your business had a WIC Program suspension or civil monetary penalty imposed or application denied within six months of the date of this application?	Yes	No
3. Has your business had a Food Assistance (Supplemental Nutrition Assistance Program - SNAP) disqualification or civil monetary penalty imposed within 12 months of the date of this application?	Yes	No
Note: If you answered yes to any of the above questions, stop here and return the application to the Iowa Department of Public Health. The information you have given us will not allow your business to be considered for WIC approval at this time.		

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Grocery Vendor Application, Continued

Ownership/ Structure

Check the ownership structure that most accurately describes your business.

☐ Corporation/Chain (for example, Dahl's Fareway, Hy-Vee, Target, Wal-Mart, etc.)

☐ Partnership (for example, store independently owned by more than one person and supplied by Affiliated, Nash Finch, or Supervalu, etc.)

☐ Sole Owner (for example, independently owned store supplied by Affiliated, Nash Finch, or Supervalu, etc.)

Square footage

What is the square footage of your business including sales and storage areas?

Square feet _____

Registers	How many front-end registers do you have? (excluding department registers) Number of registers _____		
Do you have scanning registers?		Yes	No
Do scanning registers identify WIC authorized items?		Yes	No
Shelf Tags with product description and retail price points are displayed in front of each item available for purchase and are maintained at all times.		Yes	No
What is the brand name and model of your debit/credit card readers and cash registers?			
Debit/Credit-SNAP Card Reader Information		Electronic Cash Register Information	
Brand Name:		Brand Name:	
Model #:		Model #:	
Food Assistance (SNAP) Authorization			
Have you applied for Food Assistance (SNAP) authorization?		Yes	No
Is your business currently authorized to accept Food Assistance (SNAP)?		Yes	No
If yes, what is your 7-digit SNAP (Food Stamp) Number: _____			

Hours of Operation

Retailers must maintain regular hours of operation, including a minimum of two, four-hour blocks of time on each of five days per week. List daily store hours.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Hours	Hours	Hours	Hours	Hours	Hours	Hours	
Do you have a pharmacy in your store?						Yes	No
If no, are you able to obtain infant or special formulas within 48 hours (72 hours when a weekend or holiday are involved)?						Yes	No

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Grocery Vendor Application, Continued

Owner information (Resident or Corporation information – **not business location**)

Name of owner:			
Suite # or PO Box #	Suite #:	PO Box #:	
Street address:			
City, State:			
Zip code:		Plus 4-digits	
Telephone number:		FAX #:	
Email address:			

Previous Ownership

Has your business been authorized to accept WIC food instruments under a previous owner?	YES	NO
Who was the previous owner?		
What was the previous Authorized WIC Vendor Number		
What was the previous Food Assistance (SNAP) Number?		

Length of operation

How long has this business been in operation under current ownership?

Years:_____ Months:_____

New business Opening date:_____

Sales

Total Store Sales

What are your total store **ANNUAL** sales? \$_____

If you are a new business, what are your projected **TOTAL STORE ANNUAL** sales? \$_____

Food Assistance (SNAP) Sales

What are your Food Assistance (SNAP) **ANNUAL** sales or if you are a new business, what are your projected **ANNUAL** Food Assistance (SNAP) sales? \$_____

WIC Sales	Do you anticipate that over 50 percent of your total sales will be from the <u>redemption of WIC food instruments?</u> <u>Iowa WIC does not authorize stores projecting over 50 percent of the stores total sales will come from WIC food instrument redemptions.</u>	Yes	No
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Sales Documentation

Sales Documentation may be requested by the State WIC Agency for evaluation if USDA determines a store may realize greater than 50% of a store's total revenue from WIC food instruments.

Verifiable documentation must be presented upon request of the Iowa WIC Program. Verifiable documentation includes but is not limited to State tax forms, Federal tax forms, and/or daily retail sales and cash records.

Grocery Vendor Application, Continued

Products WIC Grocery Vendor agreements require stores maintain a minimum of **ALL** of the
Inventory following categories of items and must be competitively priced.
Requirements **Circle the items you sell ▼ :**

Refrigerated fresh produce	Store is required to maintain a minimum of five linear feet and a minimum of 10 varieties of fresh fruits and 10 varieties of fresh vegetables	Yes	No
Fresh or frozen meats and poultry.	Store is required to maintain a minimum of 12 linear feet of fresh or frozen meat – inventory must include 3 of the following: 5 chicken, 5 beef, 5 pork, and 5 goat/lamb fresh varieties.) <i>Breaded products, pre-cooked, and pre-packaged luncheon meats do not qualify.</i>	Yes	No
Canned and frozen fruits and vegetables	(A minimum 2 varieties of frozen vegetables and 2 varieties of frozen fruit) plus fresh fruits and vegetables.	Yes	No
Dairy products		Yes	No
Cereals and bread		Yes	No
Greater than 50 percent of product display and sales space is devoted to the sale of non-WIC approved products.		Yes	No
Minimum Stocking Requirements of WIC Approved Foods as listed on the current WIC approved food list			
Cold, ready-to-eat cereal	10 boxes – Two (2) boxes of five (5) approved varieties – of the five (5) approved varieties, three (3) varieties must be whole grain)	Yes	No
Hot Cereal	Two (2) boxes of one variety	Yes	No
100 % Whole Wheat Bread	Four (4) loaves 16-ounce approved 100% whole wheat bread	Yes	No
Brown Rice	Two (2) 14-16 oz. containers instant/Boil in Bag approved varieties	Yes	No
Juice 100% fruit or vegetable	Fifteen (15) 64-ounce shelf stable containers of at least three (3) approved varieties	Yes	No
	Ten (10) 12-ounce frozen concentrate of at least two (2) approved varieties. Single flavor only.	Yes	No
Vitamin A and D fortified milk	Four (4) gallons Whole milk	Yes	No
	Four (4) gallons Low-fat or fat free	Yes	No
Cheese	Two(2) different varieties weighing 8 or 16 oz. ounces each	Yes	No
Edible dried beans or peas	Two (2) one pound bags of any approved variety	Yes	No
100% Peanut butter	Two (2) approved containers 18 ounce or less	Yes	No
Eggs (Grade A)	Five (5) dozen large fresh white or brown	Yes	No
Fish	Tuna -- Eight (8) containers 5 ounces minimum size Salmon -- Eight (8) containers 5 ounces minimum size	Yes	No
Infant cereal	Twenty four (24) ounces of WIC approved dry infant cereal of at least two (2) approved varieties (infant cereal with at least 45% of the daily value for iron per serving)	Yes	No
Formula	Twenty four (24) 13-ounce concentrated cans OR six (6) powder containers of any current rebate contract formula	Yes	No
Baby food (fruits and vegetables)	Fifty (50) 4-ounce containers of at least five (5) approved varieties (single ingredient or blends)	Yes	No
Baby meats	Ten (10) 2.5 oz. containers of at least five (5) approved varieties (single ingredient)	Yes	No
Fruits and vegetables	Ten (10) varieties of fresh fruits and vegetables each AND	Yes	No
	Two (2) varieties of frozen fruits and vegetables each		

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Grocery Vendor Application, Continued

Pricing Retailer prices must be competitive with approved WIC Vendors of similar size and format in the area. The retailer agrees to charge overall prices for the supplemental foods that are within 5 percent of the average prices charged by all authorized Vendors of the same size and type and within 15 percent for any single category of item.

Vendor Price Assessment Report Surveys (PARS) Complete the attached WIC Approved Foods Price Assessment Report Surveys (PARS). Prices submitted are subject to on-site verification by State Agency staff. Providing false/incomplete price data may affect your store's selection/continued participation with the Iowa WIC Program.
Stores are required to submit PARS at the time the completed application is submitted. Random PARS are completed as needed to keep NTEs in line with competitive price changes; however PARS are completed at least every six months.

Wholesaler/Distributor Primary grocery supplier and infant formula supplier information is required. **If information is not furnished, the application will not be considered.**

Primary grocery supplier:		
Street address:		
City, State:		Zip code:
Distributor contact person: (i.e.: Store Supervisor, District Manager)		
Phone number for contact person:		FAX#:
Email address:		
Infant formula supplier:		
Street address:		
City, State:		Zip code:
Formula contact:		
Formula contact phone number:		FAX#:

I hereby certify that the information contained in this application is accurate and true to the best of my knowledge, and that I am authorized to make application for this business. I agree that providing false information or failure to provide required information will result in denial of this application. Submission of this application does not authorize this business to accept WIC Program food instruments.

Date	Signature and Title
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Print Name

Applications must be returned within 60 days from the time of receipt.

Incomplete applications will be denied.

Applications received by the State WIC Program 60 days after receipt by the Retailer will not be considered.
The applicant will be required to wait 6 months before reapplying.

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